

**NON-PROVISIONAL
UTILITY PATENT APPLICATION
TRANSMITTAL - 37 CFR 1.53(b)**

☐ **Duplicate**
(check, if applicable)

MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No.: 8934-95US (20 009)
First Named Inventor: Walter KOLB, et al.
Express Mail Label No.: EV247366027US
Total Pages of Transmittal Form: 2

Transmitted herewith for filing is the non-provisional utility patent application entitled:

CUTTING DEVICE FOR PLANTS

which is:

an ☒ Original; or

a ☐ Continuation, ☐ Divisional, or ☐ Continuation-in-part (CIP)
of prior Application No. ____ filed ____.

Anticipated Group/Art Unit: ____ or Class ____, Subclass ____.

☐ This non-provisional patent application is based on Provisional Patent Application No. ____
____, filed ____.

Enclosed are:

- ☒ Specification (including Abstract) and claims: 16 pages in German language.
- ☒ 8 sheets of drawings (formal).
- ☐ Application Data Sheet.
- ☒ Newly unexecuted Declaration (original).
- ☐ Copy of Declaration from prior application.
- ☐ Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).
- ☐ Microfiche computer program (Appendix).
- ☐ Nucleotide and/or Amino Acid Sequence Submission, including:
 - ☐ Computer readable copy ☐ Paper Copy ☐ Verified Statement.
- ☐ Under PTO-1595 Cover Sheet, an assignment of the invention
- ☒ Name of Assignee: WOLF-Geräte AG
- ☐ Certified copy(ies) of ____ Application No(s). ____ filed ____ is/are filed:
 - ☐ herewith or ☐ in prior application ____.
- ☒ Applicant(s), by its/their undersigned attorney, claim(s) Small Entity Status under 37 C.F.R. §1.27 as ☐ an Independent Inventor, or ☒ a Small Business Concern, or ☐ a Non-Profit Organization.
- ☐ Preliminary Amendment.
- ☐ Information Disclosure Statement, PTO/SB/08A, and cited references.
- ☐ Request for Nonpublication of Application Under 35 U.S.C. §122(b)
- ☐ Other:



The filing fee is calculated as follows:

			SMALL ENTITY			LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE:			BASIC FEE:	
			\$375			\$750	
Total	23 - 20 =	3	X9	\$ 27	OR	X18	\$
Independent	2 - 3 =	0	X42	\$	OR	X84	\$
[] Multiple Dependent Claims Present			\$140	\$	OR	\$280	\$
			TOTAL	\$ 402	OR	TOTAL	\$

- [] The Commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts
- [X] A check in the amount of \$ 402.00 to cover the filing is enclosed.
- [X] The Commissioner is hereby authorized to charge and/or credit **Deposit Account No. 50-1017 (Billing No. 208934.0095)** as noted below. A duplicate copy of this sheet is enclosed.
- [X] Any overpayments or deficiencies in the above-calculated fee.
- [] Filing fee in the amount of \$_____ as calculated above.
- [X] Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.
- [X] In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS

July 30, 2003 By: William W. Schwarze
 (Date)

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WWS/vj
 Enclosure

[X] Customer Number or Bar Code Label: **000570**